

What if you could only gargle and not “swab” for a COVID-19 test?

Dr. Milan Surjit’s team at DBT’s Translational Health Science and Technology Institute (THSTI), Faridabad, embarked on a study to evaluate if the relatively easier process of gargle lavage could be an appropriate respiratory sample collection method for the detection of SARS-CoV-2. They also proposed to find out which is the collection method is more acceptable for the patient.

“In collaboration with All India Institute of Medical Sciences (AIIMS), New Delhi, scientists have established a protocol to detect SARS CoV2 in gargle lavage of COVID-19 patients. This method is safer, economical, patient friendly and retains the efficiency of nasopharyngeal and oropharyngeal swab-based SARS CoV2 detection method,” wrote Dr. Surjit.



A cross-sectional study at AIIMS, New Delhi on 50 confirmed COVID-19 patients was done. Both naso- and oropharyngeal swabs and gargle samples were taken within 72 h of these people’s diagnosis of COVID-19. The samples underwent reverse transcription-polymerase chain reaction (RT-PCR) to detect SARS-CoV-2. After sample collection, a 10-point scale was administered to find out the level of discomfort with either of the collection methods among the patients.

All gargle samples were positive and comparable to their corresponding swab samples irrespective of the symptoms and duration of illness. The Ct values for gargle samples were slightly higher but comparable to those of swabs. About 72% of the patients said that they felt moderate-to-severe discomfort with swab collection. Compared to 24 percent people feeling mild discomfort with gargle collection, that was quite high.

Ask anyone who has recently taken a test for COVID-19. This involves, most of the times, a nasopharyngeal or oropharyngeal swab collection. A technician at a designated COVID-19 collection centre will be inside a kiosk to collect a swab from inside your mouth (an oropharyngeal swab). For those who have gone for it will tell you it is not very patient-friendly. Why? The oropharyngeal swab is taken from the posterior throat and tonsil area

with a somewhat rigid cotton-tipped swab applicator. The collector inserts the cotton-tip two to three times and the experience, to simply put, is not a very pleasant one. Having said that, both nasopharyngeal and oropharyngeal swab collection are still widely accepted as preferred methods for obtaining samples to examine respiratory infections.

Link: <http://www.ijmr.org.in/preprintarticle.asp?id=292776;type=0>

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